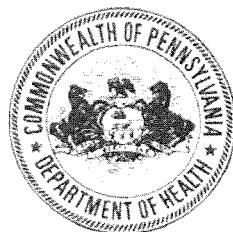


This is to certify that this is a true copy of the record which is on file in the Pennsylvania Department of Health, in accordance with the Vital Statistics Law of 1953, as amended.

WARNING: It is illegal to duplicate this copy by photostat or photograph.



Audrey C. Marrocco

Audrey C. Marrocco
State Registrar

10303615

No.

October 3, 2017

Date

046870

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
VITAL STATISTICS

CERTIFICATE OF DEATH

PRIMARY DIST. NO.

51001

STATE FILE NO.

Name of deceased	(First)	(Middle)	(Last)	Sex	Date of death (Mo., Day, Yr.)		
Rev. CARRIE	L.		LOFTON	F	5-8-79		
Race - (e.g., White, Black, American Indian, etc.)	Age last birthday (Yrs.)	If under 1 yr. Mos. Days	If under 1 day Hours Min.	Date of birth (Mo., Day, Yr.)	State or foreign country of birth		
4. B.	44	58.	50.	6A. 3/7/05	6B. S.C.		
County of death	City, Boro., or Twp. of death			Hospital or Institution (if not either, give street address)			
7A. PHILA	7B. PHILA.			7C. ST. JOSEPH'S			
Mailing Address (Street or RFD No.)	(City or Town)	(State)	(Zip Code)	Marital Status	Surviving Spouse (if wife, give maiden name)		
8. 1320 N. 18th St.	PHILA.	PA.	19121	W	10.		
Citizen of what country?	Was decedent ever in US Armed Forces?	Serial No.	Social Security Number	Usual Occupation (Kind of work done during most of working life)	Kind of business or industry		
11. U.S.A.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			14A. MINISTER-MACHINE OPER.	14B. _____		
Where did deceased actually live? a. State _____ b. County _____	Pa.	12.	13. Work	Did deceased live in a township? <input type="checkbox"/> Yes, deceased lived in _____ <input checked="" type="checkbox"/> No, deceased lived within actual limits of	township. PHILA. 14. city or boro.		
Father's name	(First)	(Middle)	(Last)	Mother's maiden name	(First)	(Middle)	(Last)
16. DORSEY			17. Ida	DORSEY			
Informant's name (Type or Print)	Informant's Mailing address	(Street or RFD No.)	(City or Town)	(State)	(Zip Code)		
18A. IDA L. MAYFIELD	18B. 1320 N. 18th St.		PHILA	PA.	19121		
<input type="checkbox"/> Burial <input type="checkbox"/> Removal	Date of burial, etc.	Name of cemetery or crematory	Location	(City, boro., twp.)	(State)		
19A. <input type="checkbox"/> Cremation <input type="checkbox"/> Other	19B. 5/12/79	19C. GREENMOUNT CEM.	19D. PHILA	PA			
Signature of funeral director and license number				Name and address of funeral establishment			
20A. Beatrice L. Perry				190759 W. Oxford St.			
Registrar's Signature				Philadelphia, PA 19121			
21A. <i>Elaine H. Chu</i>	21B. <i>Received</i>	21C. <i>10-1979</i>	21D. <i>248</i>	21E. <i>20B</i>	21F. <i>Philadelphia, PA 19121</i>		
To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) stated.							
Signature 22A. and title	22B. Date Signed (Mo., Day, Yr.)	22C. Hour of Death	22D. A.M. P.M.	To Be Completed By Medical Examiner or Coroner	On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place and due to the cause(s) stated.		
<i>Elaine H. Chu</i>	22B. 5-8-79	22C. 3:40 P.M.	22D. P.M.	23A. and title	Signature 23B. Date Signed (Mo., Day, Yr.)	23C. Hour of Death	23D. A.M. P.M.
Name and Address of certifier (Physician, Medical Examiner or Coroner) (print or type)				Name of attending physician			
24. ELISIE H. CHU MD	ST. JOSEPH HOSP 16th & GIBRARD AVE			25. Philadelphia, PA			
26. Immediate cause: (A) Cardiac - Pulmonary arrest				Enter only one cause per line for (A) (B) and (C) Philadelphia, PA Interval between onset and death 10 min.			
Part I Due to, or as a consequence of: (B) Myocardial infarction or CVD.				Interval between onset and death 30 min.			
Due to, or as a consequence of: (C) Art. sclerotic heart disease				Interval between onset and death 1 hr.			
Part II. Other Significant Conditions - Conditions contributing to death but not related to cause given in Part I (a)				Autopsy 27. <input type="checkbox"/> Yes <input type="checkbox"/> No	Was case referred to Medical Examiner or Coroner? 28. <input type="checkbox"/> Yes <input type="checkbox"/> No		
29A. If Acc., Suicide, Hom., Under. or Pend. Invest. (specify)	Date of Injury (Mo., Day, Yr.)	Hour of Injury	A.M. P.M.	Describe how injury occurred 29D.			
29E. Injury at work? <input type="checkbox"/> Yes <input type="checkbox"/> No	29F. Place of injury (At home, farm, street, etc.)	29G. Location (Street or RFD No.)	29H. (City, Boro., or Twp.)	29I. (State)			